

**BEST AVAILABLE COPY**

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							<b>CLAIMS</b>					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	2				
2	/						52	1				
3	/						53	1				
4	/						54	1				
5	/						55	1				
6	/						56	1				
7	/						57	1				
8	/						58	1				
9	/						59	1				
10	/						60	1				
11	/						61	2				
12	/						62	2				
13	/						63	1				
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
20	2						70					
21	2						71					
22	2						72					
23	2						73					
24	1						74					
25	/						75					
26	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
31	/						81					
32	/						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48							98					
49							99					
50	2						100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	64						TOTAL DEP.					
TOTAL CLAIMS	71						TOTAL CLAIMS					